



# Georgia Department of Agriculture

19 Martin Luther King, Jr. Drive, Room 242  
Atlanta, Georgia 30334-4201

Gary W. Black  
Commissioner

Telephone: (404) 656-3641  
Facsimile: (404) 463-6671  
[www.agr.georgia.gov](http://www.agr.georgia.gov)

## 2011-2013 COMPANY LICENSE RENEWAL APPLICATION

Please use this worksheet when calculating the required fees to renew a pest control company license and either registered and/or certified employees and include this sheet with your renewal application.

RESEARCH FEE: Each office must pay a \$70.00 research fee. This fee provides funding to the University of Georgia Urban Entomology Research Program. (620-3-.01)

COMPANY LICENSE: Every licensee must pay the \$100 license fee (620-3-.01).

EMPLOYEE REGISTRATION: Employee Registration is \$10 per employee (620-3-.01).

RESEARCH FEE ..... \$70.00

COMPANY LICENSE ..... \$100.00

EMPLOYEE REGISTRATION \_\_\_\_\_ employees x \$10 .....\$ \_\_\_\_\_

OPERATOR CERTIFICATION \_\_\_\_\_ certifications x \$100 .....\$ \_\_\_\_\_

TOTAL PAYMENT.....\$ \_\_\_\_\_

### ALL FEES MUST BE PAID BY MONEY ORDER OR CERTIFIED CHECK

Make Money Order or Certified Check payable to the Georgia Department of Agriculture

The Georgia Structural Pest Control Act requires that all licenses, certifications and employee registrations be renewed by **June 30, 2011**.

**The Georgia Structural Pest Control Act also requires that all licensees provide verification of the minimum required liability insurance. The enclosed certificate form must be completed by your insurance carrier or agent and submitted to this Department before license can be renewed.**

**IF THE APPLICATION AND FEES ARE NOT RECEIVED ON OR BEFORE JUNE 30, 2011, ALL RENEWAL FEES SHALL BE DOUBLED (EXCLUDING THE RESEARCH FEE) AND SHALL BE PAID BEFORE LICENSE IS ISSUED. LATE FEES WILL BE ACCEPTED UNTIL SEPTEMBER 30, 2011.**



# Georgia Department of Agriculture

19 Martin Luther King, Jr. Drive, Room 242  
Atlanta, Georgia 30334-4201

Gary W. Black  
Commissioner

Telephone: (404) 656-3641  
Facsimile: (404) 463-6671  
[www.agr.georgia.gov](http://www.agr.georgia.gov)

## 2011-2013 COMPANY LICENSE RENEWAL APPLICATION

COMPANY NAME: \_\_\_\_\_

COMPANY LICENSE NUMBER: 9 \_\_\_\_ CATEGORIES: (circle) FUM HPC WDO

PHYSICAL ADDRESS: \_\_\_\_\_

COUNTY WHERE COMPANY IS LOCATED: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

### DESIGNATED CERTIFIED OPERATOR(S):

CERTIFICATION NUMBER: \_\_\_\_ NAME: \_\_\_\_\_

CERTIFICATION NUMBER: \_\_\_\_ NAME: \_\_\_\_\_

You should remind all Certified Operators employed with your company that Certifications are subject to renewal prior to June 30. If your company is renewing the Certification of any operators, please list their names and Certification numbers below. You must include the signed bottom portion from the Operator renewal form, which he/she would have received separately.

Name	Certification Number
_____	_____
_____	_____

### AFFIDAVIT

I certify that I am in charge of and actively participating in the operation of this office and that I have provided and will continue to provide adequate training to all persons working under my supervision.

\_\_\_\_\_  
Signature of Designated Certified Operator

\_\_\_\_\_  
Date



# Georgia Department of Agriculture

19 Martin Luther King, Jr. Drive, Room 242  
Atlanta, Georgia 30334-4201

Gary W. Black  
Commissioner

Telephone: (404) 656-3641  
Facsimile: (404) 463-6671  
[www.agr.georgia.gov](http://www.agr.georgia.gov)

## 2011-2013 RENEWAL APPLICATION FOR EMPLOYEE REGISTRATION CARDS

To renew the registration, the employee must have the required number of training credits.

Hours of credit required for renewal per registered category: HPC: 5 IPM: 3 WDO: 5 PTX: 3 FUM: 3

If exam date is after January 1, 2011, the employee is eligible for renewal without earning the required training credits. To view an employee's training transcript go to [www.kellysolutions.com/ga/structural](http://www.kellysolutions.com/ga/structural)

Name of Company: \_\_\_\_\_

Company license No. 9 \_\_\_\_\_

Full Name of Registered Employee \_\_\_\_\_

Social Security No. \_\_\_\_\_ Exam Pass Date \_\_\_\_\_

Registration No. 1 \_\_\_\_\_ Operational Categories: HPC \_\_\_\_\_ WDO \_\_\_\_\_ FUM \_\_\_\_\_

Full Name of Registered Employee \_\_\_\_\_

Social Security No. \_\_\_\_\_ Exam Pass Date \_\_\_\_\_

Registration No. 1 \_\_\_\_\_ Operational Categories: HPC \_\_\_\_\_ WDO \_\_\_\_\_ FUM \_\_\_\_\_

Full Name of Registered Employee \_\_\_\_\_

Social Security No. \_\_\_\_\_ Exam Pass Date \_\_\_\_\_

Registration No. 1 \_\_\_\_\_ Operational Categories: HPC \_\_\_\_\_ WDO \_\_\_\_\_ FUM \_\_\_\_\_

Full Name of Registered Employee \_\_\_\_\_

Social Security No. \_\_\_\_\_ Exam Pass Date \_\_\_\_\_

Registration No. 1 \_\_\_\_\_ Operational Categories: HPC \_\_\_\_\_ WDO \_\_\_\_\_ FUM \_\_\_\_\_

Full Name of Registered Employee \_\_\_\_\_

Social Security No. \_\_\_\_\_ Exam Pass Date \_\_\_\_\_

Registration No. 1 \_\_\_\_\_ Operational Categories: HPC \_\_\_\_\_ WDO \_\_\_\_\_ FUM \_\_\_\_\_



# Georgia Department of Agriculture

19 Martin Luther King, Jr. Drive, Room 242  
Atlanta, Georgia 30334-4201

Gary W. Black  
Commissioner

Telephone: (404) 656-3641  
Facsimile: (404) 463-6671  
[www.agr.georgia.gov](http://www.agr.georgia.gov)

## GEORGIA STRUCTURAL PEST CONTROL ACT INSURANCE CERTIFICATION FORM

Insured \_\_\_\_\_ License No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Policy No. \_\_\_\_\_ Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

### TO BE EXECUTE ONLY BY CARRIER OR AGENT

Licensed Categories: \_\_\_\_\_ Fumigation \_\_\_\_\_ Household Pest Control \_\_\_\_\_ Wood-destroying Organism

MINIMUM LIMITS REQUIRED FOR PEST CONTROL AND/OR FUMIGATION LICENSE	
Bodily Injury: Any One Occurrence . . . .	\$50,000
Property Damage: Any One Occurrence . . . .	\$50,000
Minimum Annual Aggregate . . . . .	\$200,000

MINIMUM LIMITS REQUIRED FOR WOOD-DESTROYING ORGANISM LICENSE	
Bodily Injury: Any One Occurrence . . . .	\$100,000
Property Damage: Any One Occurrence . . . .	\$100,000
Minimum Annual Aggregate . . . . .	\$500,000

### INSURANCE CERTIFICATION

Certification is hereby made that insurance coverage as required by the Georgia Structural Pest Control Act has been established by the above names insured through liability insurance in the minimum amount specified above as provided in O.C.G.A. 43-45-9. Licensees for the control of wood-destroying organisms shall have coverage for claims arising from the licensee's treatment or services for control of wood-destroying organisms including errors and omission coverage on an occurrence basis. Insurance also covers legal damages resulting from sudden and accidental discharge or release of pollutants. Notification of cancellation shall be made to and received by the Secretary of the Structural Pest Control Commission no less than 30 days prior to any cancellation.

Carrier or Agent \_\_\_\_\_  
By \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

EQUAL OPPORTUNITY EMPLOYER